

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

2007 144 10

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eporting Period Beginning (Year AOOC Ending 12 31 200C
ype of report: (Check one) 18th day preceding preliminary □8th day preceding e	election □30 day after election □year-end report □dissolut
Full Name of Candidate (if applicable)	Committee To Elect Maze McGover
Office Sought and District	Name of Committee Treasurer 17 PLEASANT ST.
Residential Address	CAMBRIDGE, MA 02139
Tel. No. (optional)	
Line 6: Total in-kind contribution Line 7: Total (all) outstanding lia Line 8: Name of bank(s) used	abilities (page 4) \$ \(\frac{1735}{20}\)
	d it is, to the best of my knowledge and belief, a true and complete statement of all camp disbursements, in-kind contributions and liabilities for this reporting period and represent
rtify that I have examined this report including attached schedules and nee activity, including all contributions, loans, receipts, expenditures, dispaign finance activity of all persons acting under the authority or on bel	hehalf of this committee in accordance with the requirements of M.G.L. c. 55. he penalties of perjury:
ance activity, including all contributions, loans, receipts, expenditures, disparing finance activity of all persons acting under the authority or on belonging finance activity of all persons acting under the authority or on belonging finance activity of all persons acting under the authority or on belonging finance activity of all persons acting under the authority of all persons acting under the authori	he penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received		Amount		Occupation & Employer (for contributions of \$200 or more)	
1/20/06	CAPIBICIDISE TIME UNIST	100	00	SELF-EMPLOYED ATTORNEY	
1/24/06	LESTIE BRUDETTA 29 ROBERTS RD. CAMBRIDGE ML. 02138	150	90	SELF-EMPLOYED WRITER	
			1000		
		•	-4		
		347,033	200		
			y shake		
Line 9: T	Total receipts in excess of \$50 (or listed above)	250	60		
Line 10: T	Total receipts \$50 and under* (not listed above)	40	0.0		
Line 11: 7	OTAL RECEIPTS IN THE PERIOD	290	00	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
5/26/06	CENTEAL LITTLE LEAGUE MARC McGovern		SPONSUESHIP	500	σo
1/31/06	marc holovern	(L FELLO ST. CLOUB, MA. 02138	REPLY LOAN	1100	00
		*	No.		
				·	
			·		
			6		
and the second second	No. 100		La la restant de l'Espera de la		
		Line 12:	Expenditures over \$50	1600	00
		Line 13:	Expenditures \$50 and under*	184	00
1	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES		00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		N. Co		
		Line	e 15: In-kind over \$50	0
		Line	e 16: In-kind \$50 and under	٥
	Enter on page 1, line 6	Lin	e 17: Total In-kind	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
4/8/03	MARE Lickgovern	CAMB. MA. DAISE	LOLIN	2035	
5/6/03	"	"	"	1500 00	
10/3/05	"		"	120000	
	-25:		en de la companya de La companya de la co	1 201	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	47350	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Schedule E **Municipal Form**

Disclosure of Assets Statement Office of Campaign and Political Finance



7.07.79			21 PAM F005	D 1: 08
File with: City or Town Clerk or Election Commissi	on		CPF ID#	
T . C	-11			
This form should be filed by				
Committee Name: Committee	10 ELECT	MAIL COP	Date of re	port: 12/31/00
All can	didates and co	ommittees must fill in Pa	urt A or Part B.	
Part A:				
No assets* were acquired or dispo	sed of by this	candidate/committee duri	ing the period covered	by this statement.
Part B:				and the state of t
Assets acquired: List all assets acqu	ired since the	committee last filed this	statement. If this is the	ne first Schedule E yo
have filed, list all assets.	Date	Present Location	Manner Acquired	Cost/Value
Asset Include year, model or other identifying	Acquired	Fresent Location	Manner Acquired	Cost value
information, if applicable.	ricquirea			
		e de la companya de l		
			La servicio	
Assets disposed of: List all assets sol	d, traded or tra	nsferred during the repor	ting period covered by	this statement.
Asset	Date	Disposition to:	Date and Manner	Disposition Value
Include year, model or other identifying	Acquired	Name and Address	of Disposition	Attach statement of how value is determined.
information, if applicable.				value is determined.

a cost/value of \$1,000 or more at the time of a

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

9/96